



Health Insurance Portability and Accountability Act (HIPAA)

Compliance Plan

Version: 4 11-05-2002

Approver	Signature	Date
Ben Delgado Deputy Commissioner for Administration		
Tom Thornton Associate Commissioner for IS		
Judy Sandberg Bureau Chief, Agency IS Projects		
Mary Jane Berry HIPAA Project Manager, Agency IS Projects		
John Scott HIPAA Privacy Officer, Agency IS Projects		

TABLE OF CONTENTS

1.	EXECUTIVE SUMMARY	4
1.1	OVERVIEW	4
1.2	COMPLIANCE PLANS	4
	1.2.1 ELECTRONIC TRANSACTION STANDARDS AND LOCAL CODE SETS	4
	1.2.2 PRIVACY	4
1.3	COST ESTIMATES	5
1.4	DEADLINES	5
1.5	RISKS	5
1.6	PENALTIES FOR NON-COMPLIANCE	6
2.	PLAN OVERVIEW	7
2.1	PURPOSE	7
2.2	OBJECTIVES	7
2.3	SCOPE	7
2.4	ASSUMPTIONS	8
2.5	CONSTRAINTS	8
2.6	RISKS	8
2.7	DEFINITIONS	9
3.	BUDGET SUMMARY	10
4.	PROJECT ORGANIZATION	11
5.	ROLES AND RESPONSIBILITIES	11
6.	ASSESSMENT	14
6.1	SURVEYS	14
6.2	PROGRAM INTERVIEWS	14
6.3	DATA FLOW DIAGRAMS	14
6.4	LEGAL ANALYSIS	15
6.5	RESULTS	15
7.	FIT-GAP ANALYSIS	17
7.1	ELECTRONIC TRANSACTION STANDARDS	17
7.2	LOCAL CODES	17
7.3	PRIVACY	18
8.	COMPLIANCE PLANS	18
8.1	ELECTRONIC TRANSACTION STANDARDS AND LOCAL CODE SETS	18
8.2	PRIVACY	19
9.	PRIVACY IMPACT ON DATA	21
9.1	DISCLOSURES OF STATISTICAL HEALTH DATA TO THE PUBLIC	21
9.2	DATA STANDARDS WORKGROUP	21
9.3	DATA USE AGREEMENTS	21
9.4	FLOW OF DATA INTO TDH	21
10.	PENDING MILESTONES	22
11.	PENALTIES FOR NON-COMPLIANCE	22
12.	SUPPORTING PROCESS PLANS	23
12.1	PROJECT REVIEWS	23
12.2	ISSUE MANAGEMENT	23
13.	DOCUMENT CONTROL	23
13.1	ARCHIVES	23
13.2	DOCUMENT STORAGE	23
13.3	DOCUMENT OWNER	23
13.4	CHANGE LOG	24

14.	EXHIBITS	25
14.1	COST ESTIMATES.....	25
14.2	DATA FLOW DIAGRAM	27
14.3	INTERNAL VERIFICATION DOCUMENT	29
14.4	EDI CHANGE AND GAP ANALYSIS FOR 835 FORMAT	30
14.5	EDI CHANGE AND GAP ANALYSIS FOR 837P AND 837I FORMATS	31
14.6	EDI LOCAL CODES GAP ANALYSIS	33
14.7	PRIVACY GAP ANALYSIS TEMPLATE	35
14.8	PROJECT DOCUMENTATION FOLDERS.....	39

1. EXECUTIVE SUMMARY

1.1 OVERVIEW

- The Compliance Plan is the controlling document for managing TDH's implementation of the electronic transaction standards in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the privacy regulations in HIPAA and the Health and Safety Code, Chapter 181.
- The primary objective of the plan is 100% compliance with HIPAA and Chapter 181 by compliance due dates.
- The plan's scope extends to all TDH employees.

1.2 COMPLIANCE PLANS

1.2.1 Electronic Transaction Standards and Local Code Sets

- TDH will achieve compliance with the HIPAA regulations for electronic transaction standards and local code sets through remediation of the Central Billing System (CBS).
- CBS modifications will be limited to the processing and billing of Medicaid claims (transaction standards: X12 837 and X12 835) to the Medicaid claims administrator for providers and claim submitters who currently use CBS, including:
 - ICES/TWICES,
 - Central Office Lab,
 - Women's Health Lab,
 - WIC Immunizations, and
 - Paper immunizations sent from ImmBill.
- Modifications will include conversions from local and other codes to HIPAA codes.
- There will be remediation and/or coordination of TDH user interface systems involved with electronic transactions and/or local codes including ICES/TWICES, Central Office Labs, Women's Health Labs, Immunizations, Children with Special Health Care Needs (CSHCN), Texas Health Steps (THSteps) - Medical, Dental, Medical Case Management, Targeted Case Management for Pregnant Women and Infants (PWI), Family Planning, Title V, Genetics, Medical Transportation, Tuberculosis Elimination and TDH Regional Offices/clinics.
- TDH will provide awareness and education to programs impacted by HIPAA in order to ensure communication and coordination of HIPAA implementation.

1.2.2 Privacy

- TDH will achieve compliance with the HIPAA privacy regulations and the Health and Safety Code, Chapter 181, by producing the following required deliverables:
 - TDH Privacy Policies and Procedures;
 - TDH Standard for the Release of Statistical Health Data to the Public;
 - Rules to provide instructions to individuals who want to exercise their rights under HIPAA or Chapter 181;
 - A Privacy Notice that meets the requirements of HIPAA and Chapter 181;
 - Contracts with certain business associates;

- Data use agreements with certain external entities;
 - Documentation of “designated record sets” and employees with access;
 - HIPAA-compliant forms, such as authorization forms; and
 - Computer-based training for all employees.
- All TDH employees will share responsibility for taking certain actions to ensure the agency’s compliance. All employees will need to:
 - Complete computer-based training on privacy requirements,
 - Provide reasonable safeguards for all protected health information,
 - Provide the TDH HIPAA/Chapter 181 Privacy Notice upon request,
 - Respond to requests from individuals who want to exercise their rights under HIPAA or Chapter 181, and
 - Follow TDH Privacy Policies and Procedures.
- In addition, TDH employees who function as health care or dental care providers will need to:
 - Provide the TDH HIPAA Privacy Notice to each patient at the first office visit or other face-to-face contact after April 14, 2003,
 - Obtain each patient’s signed acknowledgement of receipt of the Privacy Notice, and
 - Maintain a record of the signed acknowledgement for at least six years.
- HIPAA-covered programs will also need to maintain a record of certain disclosures that do not require authorization from the individual, such as disclosures for public health purposes as required by law (e.g., disclosures to public health registries).

1.3 COST ESTIMATES

- The total cost estimate for all four phases of the HIPAA Project is \$7,381,981.
- The cost estimate for implementing the two phases presented in this plan (electronic transaction standards and privacy) is \$958,617.
- The project has no budget or capital authority, so all costs will come from existing budgets.

1.4 DEADLINES

Regulations	Compliance Dates
HIPAA Privacy Regulations	April 14, 2003
Health and Safety Code, Chapter 181	September 1, 2003
HIPAA Electronic Transaction Standards and Local Code Sets	October 16, 2003
HIPAA Security Regulations	Pending
HIPAA National Identifiers	Pending

1.5 RISKS

- TDH has dependencies on HHSC and the Medicaid claims administrator.
- If contract amendments with the Medicaid claims administrator are not signed by early 2003, TDH’s remediation of electronic transactions could be delayed.
- If a new vendor becomes the Medicaid claims administrator in 2003, TDH could experience unknown risks depending on the new administrator’s readiness for HIPAA compliance.

- Unless statutes and/or rules require data to be reported to TDH, data flowing into TDH from external sources may be curtailed because of the privacy regulations.
- If Chapter 181 of the Health and Safety Code is not amended to allow additional exemptions for public health purposes, TDH's ability to disclose statistical health data at the county or community level will be significantly curtailed.
- If the U.S. Department of Health and Human Services issues further guidance regarding HIPAA's applicability to government programs, additional TDH programs may become HIPAA-covered as health care plans. Potential health care plans include the Children with Special Health Care Needs Program, the Breast and Cervical Cancer Control Program, and the Kidney Health Program. Health care plans under HIPAA must provide a privacy notice to each current client before April 14, 2003, and thereafter to each new client.

1.6 PENALTIES FOR NON-COMPLIANCE

- The HIPAA regulations identify penalties for non-compliance involving the HIPAA transaction and code set standards that allow for civil penalties to be assessed up to \$25,000 per year for each requirement. This civil fine may be interpreted to apply separately to each data element within each requirement. The Centers for Medicare and Medicaid Services (CMS) will be responsible for enforcing the transaction and code set standards.
- Non-compliance with the HIPAA privacy regulations can trigger civil fines of up to \$100 per violation per person (up to \$25,000 maximum). Individuals convicted of wrongfully disclosing protected health information can also face criminal fines of up to \$250,000 and up to ten years in prison. The U.S. Department of Health and Human Services Office for Civil Rights (OCR) is responsible for enforcing the privacy regulations.

2. PLAN OVERVIEW

2.1 PURPOSE

The Compliance Plan is the controlling document for managing TDH's implementation of the electronic transaction standards in the Health Insurance Portability and Accountability Act of 1996 (HIPAA) and the privacy standards in HIPAA and the Health and Safety Code, Chapter 181. This plan does not include compliance strategies for those sections of HIPAA that have not yet been finalized at the federal level, including the standards for security and national identifiers. The purpose of this plan is to identify compliance actions, schedules, roles, and responsibilities to assure the successful implementation of and compliance with the electronic transaction standards in HIPAA and the privacy standards in HIPAA and Chapter 181.

2.2 OBJECTIVES

- 100% compliance within timeframes established by HIPAA regulations for electronic transaction and code set standards and the privacy of health information.
- 100% compliance within timeframes established by the Texas Health and Safety Code, Chapter 181.
- Well-informed TDH management and program staff throughout the project.
- Well-informed program and provider community regarding TDH's compliance efforts.
- Close, collaborative working relationship with the Texas Health and Human Services Commission (HHSC) and National Heritage Insurance Company (NHIC) and timely progress reporting in accordance with HHSC standards.

2.3 SCOPE

This plan is applicable to:

- TDH facilities or offices that function as direct health care providers, such as TDH regional offices, sub-offices, and clinics; the South Texas Health Care System; and the Texas Center for Infectious Diseases.
- TDH facilities or offices that function as indirect health care providers, such as Central Labs and the Women's Health Lab.
- TDH programs that function as health care plans, including Medicaid programs such as Texas Health Steps (medical, dental, and medical case management), Targeted Case Management for Pregnant Women and Infants (PWI), Genetics and Family Planning (Title XIX).
- The TDH Central Billing System (CBS), which functions as a health care clearinghouse.
- TDH programs or systems whose electronic transactions include local code sets and/or interface with HIPAA impacted systems. These programs include Audiology, Women's Health, Children with Special Health Care Needs, Family Planning, Genetics, Title V, Immunizations, Medical Transportation, Targeted Case Management for Pregnant Women and Infants, Texas Health Steps, Tuberculosis Elimination, the Central Billing System, and ICES/TWICES.

- TDH programs or offices that create, maintain, or share individually identifiable health information, also known as protected health information (PHI).
- TDH employees who may encounter PHI in the course of their jobs.
- TDH programs or offices that disclose statistical health data to the public.
- All TDH employees, who will be required to complete computer-based training on TDH privacy policies and procedures, and who may receive privacy-related requests.

2.4 ASSUMPTIONS

- The compliance date for the HIPAA privacy regulations will be April 14, 2003.
- The compliance date for Chapter 181 of the Health and Safety Code will be September 1, 2003.
- The compliance date for the HIPAA electronic transaction standards and local code sets will be October 16, 2003.
- The HHSC Implementation Advanced Planning Documents for HIPAA will be approved by the Centers for Medicare and Medicaid Services (CMS).
- HHSC's contract with the Medicaid claims administrator will be amended to include implementation of the HIPAA regulations.
- Experienced TDH staff will be available to complete TDH's remediation/implementation of HIPAA-covered electronic transactions, conversion to standard code sets, and modifications to user interface systems that are impacted by HIPAA.
- The Texas Department of Human Services (DHS) will distribute a joint Medicaid privacy notice to all Medicaid recipients before the compliance date for the HIPAA privacy regulations.
- The HHSC training specialist who is developing TDH's computer-based training (CBT) on privacy will continue to be available until the CBT is implemented.

2.5 CONSTRAINTS

- TDH has no budget or capital authority to apply to HIPAA compliance activities. Costs for remediation will come from existing budgets.
- TDH has limited staff resources and frequent competing demands for these same resources as we strive for compliance.
- TDH faces rapidly approaching compliance deadlines and dependencies on other entities (HHSC and NHIC) beyond TDH control.

2.6 RISKS

- If CMS does not approve all or part of the HHSC Implementation Advanced Planning Documents, federal matching funds for remediation of Medicaid-related systems could be curtailed.
- If contract amendments with the Medicaid claims administrator are not signed by early 2003, TDH's remediation of electronic transactions could be delayed. TDH needs specifications from the claims administrator in order to proceed with TDH's remediation. In addition to affecting TDH's ability to submit claims, a delay in contract amendments could cause TDH to be penalized for failure to meet the compliance date for electronic transaction standards.

- If a new vendor becomes the Medicaid claims administrator in 2003, TDH could experience unknown risks depending on the new administrator's readiness for HIPAA compliance.
- If experienced CBS staff leave the project or retire, TDH's remediation of electronic transactions could be at risk.
- If DHS fails to distribute privacy notices to all Medicaid recipients, TDH Medicaid programs would incur significant costs for distribution of the notice, and TDH could fail to meet the compliance deadline for the HIPAA privacy regulations.
- If the HHSC training specialist who is developing TDH's privacy training becomes unavailable, TDH may not have the resources to complete the computer-based training module. TDH would have to implement a training contingency plan to avoid possible penalties.
- If providers and others covered by HIPAA do not understand that they must continue to report data to TDH as required by law, TDH registries for reportable conditions may not receive all necessary data.
- If TDH programs receive data from sources external to TDH, and the reporting of such data to TDH is not required by law, the programs and TDH face a significant risk of not receiving the data in the future.
- If Chapter 181 of the Health and Safety Code is not amended to allow additional exemptions for public health purposes, TDH's ability to disclose statistical health data at the county or community level will be significantly curtailed. The preparation of data for disclosure will become more time-intensive for data analysts.
- If the U.S. Department of Health and Human Services issues further guidance regarding HIPAA's applicability to government programs, additional TDH programs may become HIPAA-covered as health care plans. Potential health care plans include the Children with Special Health Care Needs Program, the Breast and Cervical Cancer Control Program, and the Kidney Health Program. Health care plans under HIPAA must provide a privacy notice to each current client before April 14, 2003, and thereafter to each new client.

2.7 DEFINITIONS

Term	Definition
ASC X12	Accredited National Standard, Electronic Data Interchange Standard
BCCCP	Breast and Cervical Cancer Control Program
BVS	Bureau of Vital Statistics
CBS	Central Billing System
CBT	Computer-Based Training
Chapter 181	Health and Safety Code, Chapter 181 (created by Senate Bill 11, 77 th Session)
CHP	Associateship for Consumer Health Protection
CMS	Centers for Medicare and Medicaid Services
CSHCN	Children with Special Health Care Needs
DCP	Associateship for Disease Control and Prevention
DHS	Texas Department of Human Services
DSW	Data Standards Workgroup
EDI	Electronic Data Interchange (Standards for Electronic Transactions and Local Code Sets)
EMS	Emergency Medical Services
EPI	Bureau of Epidemiology
FH	Associateship for Family Health
FMD	Financial Management Division

Term	Definition
GMD	Grants Management Division
HHSC	Health and Human Services Commission
HIPAA	Health Insurance Portability and Accountability Act of 1996
ICES	Integrated Client Encounter System
MCM	Texas Health Steps Medical Case Management
MHMR	Texas Department of Mental Health and Mental Retardation
MTP	Medical Transportation Program
NDIS	National Data Interchange Standards
NHIC	National Heritage Insurance Company
OCR	Office of Civil Rights, U.S. Department of Health and Human Services
OGC	Office of General Counsel
PACT	Program for Amplification for Children of Texas
PHI	Protected health information
PO	Privacy Officer
PWI	Targeted Case Management for Pregnant Women and Infants
QAMD	Quality Assurance Monitoring Division
RPHA	Research and Public Health Assessment
SB 11	Senate Bill 11, 77 th Session, which created Chapter 181 of the Health and Safety Code
SDI	Service Delivery Integration
SIDS	Sudden Infant Death Syndrome
STHCS	South Texas Health Care System
TCID	Texas Center for Infectious Diseases
TWICES	Texas-Wide Integrated Client Encounter System
WIC	Women, Infants, and Children Program

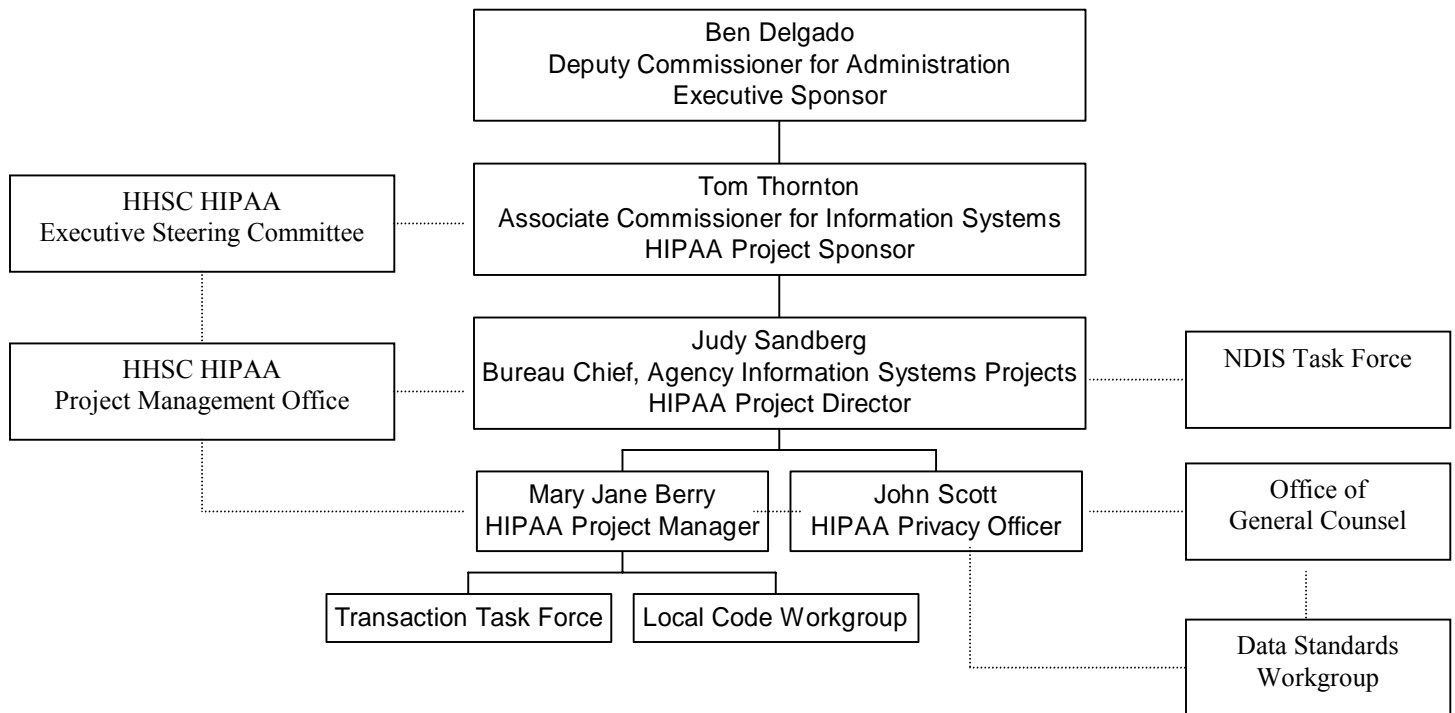
3. BUDGET SUMMARY

TDH has completed and submitted to HHSC all requested cost projections for HIPAA. TDH continues to research all possibilities for HIPAA funding since there is no HIPAA budget or capital authority. Detailed analysis of three TDH facilities—Texas Center for Infectious Diseases, South Texas Health Care System, and Women’s Health Lab—has revealed that they can be HIPAA compliant at zero cost if they continue with business as usual, although inefficiencies are identified. The project team continues to track all HIPAA-related work effort and expense. Table 1 shows HIPAA cost estimates for the four phases of HIPAA. A more detailed spreadsheet is included as Exhibit 14.1.

Table 1. HIPAA Cost Estimates

HIPAA Regulations	FY 02	FY 03	Pending
Electronic transactions	\$213,379	\$691,638	
Privacy		\$53,600	
Security			\$4,197,814
National Identifiers			\$2,225,550

4. PROJECT ORGANIZATION



5. ROLES AND RESPONSIBILITIES

Table 2. Project Roles and Responsibilities

Name / Title / Organization	Responsibilities
Executive Sponsor	<ul style="list-style-type: none"> Approve final project plans. Issue agency-level executive orders or operating procedures to ensure compliance.
HIPAA Project Sponsor	<ul style="list-style-type: none"> Approve overall project direction. Report to TDH executive team.
HIPAA Project Director	<ul style="list-style-type: none"> Prepare executive summaries or briefings. Provide project management direction, oversight, and quality control. Provide budget oversight. Report to TDH executive sponsors. Represent TDH on the NDIS Task Force.
HIPAA Project Manager	<ul style="list-style-type: none"> Ensure project schedules are met. Report to TDH HIPAA Project Director. Manage project database/website/compliance documents/issues/risks. Coordinate with HHSC/NHIC/TDH Transaction Task Force and TDH Local Code Workgroup for HIPAA compliance efforts. Prepare monthly HIPAA reports and submits to HHSC and TDH executive management. Coordinate/document all HIPAA data for archives. Prepare cost accounting estimates and monthly accounting reports.
Privacy Officer	<ul style="list-style-type: none"> Report to TDH HIPAA Project Director. Manage privacy project compliance documents. Collaborate with the Office of General Counsel to analyze privacy regulations. Ensure project schedules are met.

Name / Title / Organization	Responsibilities
	<ul style="list-style-type: none"> Coordinate/provide awareness program. Prepare routine status reports for the Project Director and HHSC. Provide technical assistance to TDH staff who are implementing TDH privacy policies and procedures. Maintain privacy project records for audit purposes.
Transaction Task Force	<ul style="list-style-type: none"> Assist project manager to meet all HIPAA due dates and to achieve HIPAA compliance.
Local Code Workgroup	<ul style="list-style-type: none"> Analyze HIPAA regulations as they apply to local codes. Identify current TDH program local codes. Identify gaps and develops crosswalks for local codes. Participate with NHIC/DHS/HHSC/MHMR to identify gaps and develop crosswalks for local codes. Identify business processes affected by the loss of state level local codes in billing medical / non-medical services.
Information Resource Steering Committee	<ul style="list-style-type: none"> Provide overall guidance. Resolve cross-project issues. Monitor time commitment and priority. Evaluate risks.
Office of General Counsel	<ul style="list-style-type: none"> Provide legal opinions that will serve as the agency's final decisions on all questions of legal interpretation of the HIPAA regulations. Provide signed documentation of legal opinions. Provide general legal analysis to HIPAA Project Team and individual programs.
HHSC Training Specialist	<ul style="list-style-type: none"> Collaborate with TDH Privacy Officer on development, testing, and implementation of computer-based training.
Bureau of Human Resources Development	<ul style="list-style-type: none"> Collaborate with TDH Privacy Officer to integrate privacy curriculum into New Employee Training.
Grants Management Division	<ul style="list-style-type: none"> Amend contract language as necessary for TDH business associates under the HIPAA privacy regulations.
Public Information Coordinators	<ul style="list-style-type: none"> Respond to public information requests, including requests for protected health information. Serve as public information experts for their respective areas.
Training Coordinators	<ul style="list-style-type: none"> Ensure that staff in their respective areas complete the privacy computer-based training.
Data Standards Workgroup	<ul style="list-style-type: none"> Develop TDH policies and guidelines for release of statistical health data to the public.
Managers	<ul style="list-style-type: none"> Ensure compliance with applicable rules, policies, and procedures. Ensure that staff are adequately trained and supervised in their handling of protected health information. Ensure that program contracts are amended as necessary. Evaluate existing statutes and rules to identify gaps in TDH's authority to receive data, and ensure that statutes and rules are amended as necessary.
Staff Who Provide Direct Health Care Services (including case management)	<ul style="list-style-type: none"> Distribute TDH HIPAA Privacy Notice to each customer following the compliance date, and obtain customer acknowledgement of receipt of the notice. Post a copy of the TDH HIPAA Privacy Notice in all TDH direct-service locations.
All Other TDH Staff	<ul style="list-style-type: none"> Complete TDH privacy computer-based training module. Provide TDH HIPAA Privacy Notice upon request. Respond to privacy-related requests from members of the public. Follow TDH privacy policies and procedures.

Table 3. Transaction Task Force

Program	Representative
Bureau of Agency IS Projects	Mary Jane Berry
Bureau of Agency IS Projects	John Scott
Automation Planning Division, Associateship for Family Health	Bob Kissel
Office of Public Health Practice	Elma Medina
Associateship for Disease Control and Prevention	Nora Torres
Office of General Counsel	Linda Wiegman
Office of General Counsel	Joan Bates
Office of General Counsel	Sherry Mansell
Kidney Health	Judith Permenter
Texas Health Steps	Rosemary Morris
Bureau of Laboratories	Mollie Borden
Public Health Automation	Sherri Conner
Public Health Automation	Terry Vickers
Administrative Automation	Mareda Summers
Central Billing System	Linda Spinks
Central Billing System	Pat Watson

Table 4. Local Code Workgroup

Program	Representative
Audiology (PACT)	Joy O'Neal
Women's Health	Margaret Mendez, Kaci Witt, Robert Reeves
Children with Special Health Care Needs	Nancy Sutton, Anita Freeman, Frank Jones
Family Planning - Title XIX	Megan Kearns, Teen Edwards
Title V	Teena Edwards
Genetics	Margaret Drummond-Borg
Immunizations	Jack Sims, Robin Todd
Medical Transportation Program	David Autry, Joey Herrera
PWI—Medicaid Targeted Case Management	Duane Thomas, Michelle Long
THSteps – Medical	Rosemary Morris, Kathy Clement
THSteps - Medical Case Management	Duane Thomas, Michelle Long
THSteps - Dental	Jerry Felkner, Belinda Abete, Mike Mcannally
Tuberculosis	Charles Wallace
ICES/TWICES	Mike Pryor
SDI	Stan Smith
Central Billing System	Linda Spinks, Pat Watson
Central Office Lab	Mollie Borden, Bob Campbell
Women's Health Lab	Kathleen Allen
Automation Planning, Family Health	Tom Sullivan
HHSC	Akin Ogunrinade, Marianna Zolondek, Jennifer Stansbury

Table 5. Data Standards Workgroup

Program	Representative
Data Management Workgroup and Office of Health Information and Analysis	Gary Rutenberg
Office of Health Information and Analysis	Norma McNab
Cancer Registry	Melanie Williams

Program	Representative
Injury Prevention and Control	David Zane
Office of the State Epidemiologist	Julie Rawlings
Research and Public Health Assessment	Jane Meier
Bureau of Vital Statistics, Statistical Services	Gene Willard
Disease Control and Prevention, Spatial Approaches to Health Outcomes	Rich Ann Baetz
HIV/STD Epidemiology	Doug Hamaker
Disease Control and Prevention	Kan Manowattanan

6. ASSESSMENT

6.1 SURVEYS

The project team conducted several surveys to identify TDH programs that are HIPAA-covered health care components and those that create or maintain protected health information. An initial survey, distributed to 204 programs areas, identified 61 program areas that had significant potential to be impacted by the HIPAA regulations. Follow-up surveys and analysis have reduced the number of programs that will be impacted by the electronic transaction standards, although the number of programs to be impacted by the privacy regulations remains more than 60. See Table 6 in Section 6.5 below for a current list of programs, offices, and facilities that will be impacted by HIPAA or Chapter 181 of the Health and Safety Code.

6.2 PROGRAM INTERVIEWS

To follow-up on its surveys, the project team conducted face-to-face program interviews to accomplish the following objectives:

- Determine which electronic transactions are HIPAA-covered transactions.
- Prioritize HIPAA-covered transactions for remediation.
- Identify all program business associates as defined by HIPAA.
- Identify standard and local codes used by each program.
- Document business processes and electronic transactions by developing written descriptions and visual diagrams.

Participants in the program interviews included program managers and staff, information technology staff, Transaction Task Force members, the Office of General Counsel, and the HIPAA Project Team. The team conducted 42 program interviews from October 29 through December 19, 2001.

Many TDH programs are dynamic. Therefore, there will be continued refinement and ongoing review and evaluation of the HIPAA impact to TDH programs. This process will also be an outcome of the HIPAA Project's quality control.

6.3 DATA FLOW DIAGRAMS

The program interviews resulted in detailed program business flow documentation. This type of documentation proved beneficial at the program and upper management levels. Each program's written summary of its business processes also proved to be beneficial.

As a result of the dynamic changes in TDH programs and the continued refinement, the data flow diagrams will be modified as needed.

An example of a data flow diagram is included as Exhibit 14.2.

6.4 LEGAL ANALYSIS

The Office of General Counsel (OGC) participated in program interviews to determine the impact of the HIPAA regulations. OGC provided legal opinions and final agency decisions regarding the applicability of HIPAA to specific programs. These OGC opinions are documented on the Internal Verification Forms described in Section 6.5. The HIPAA Privacy Officer and OGC also conducted an intensive analysis of the HIPAA privacy regulations and the Health and Safety Code, Chapter 181. The Privacy Officer used the analysis to develop surveys and documentation.

6.5 RESULTS

The surveys and program interviews allowed the project team to determine which TDH programs are HIPAA-covered health care components and which are not. The team continues to refine its assessments of TDH program areas to verify its analysis, and is documenting the analysis on internal verification forms with signature approval from the Office of General Counsel, TDH program management, and the HHSC HIPAA Project Director. The internal verification documents will be maintained in the project archives. (See Section 13.1, “Archives.”) An example is included as Exhibit 14.3.

The table below indicates TDH programs, offices, and facilities that will be impacted by HIPAA and/or the Health and Safety Code, Chapter 181.

Table 6. Programs Impacted by HIPAA and/or the Health and Safety Code, Chapter 181¹

Associateship or Office	Programs or Offices With HIPAA or Chapter 181 Impact	HIPAA Privacy Impact	Chapter 181 Privacy Impact	HIPAA EDI Impact	Non-HIPAA EDI Impact	Business Associate Impact
Executive Deputy Commissioner	Region 1	√	√	√		
	Region 2/3	√	√	√		
	Region 4/5 North	√	√	√		
	Region 6/5 South	√	√	√		
	Region 7	√	√	√		
	Region 8	√	√	√		
	Region 9/10	√	√	√		
	Region 11	√	√	√		
	South Texas Health Care Syst.	√		√		√
	Texas Center for Infectious Diseases	√		√		√
Information Systems	Central Billing System	√		√		

¹ Based on current assessment. Additional programs or offices may be added. Does not include TDH offices that function as internal business associates of the listed programs. Examples of internal business associates include the Office of General Counsel (legal services), the Office of Health Information and Analysis/ Center for Health Statistics (data analysis services), the Bureau of Financial Services (accounting services), etc. Also does not include TDH offices that may encounter PHI incidentally, such as the Commissioner’s Office, Office of Communications, Office of Governmental Relations, etc.

Associateship or Office	Programs or Offices With HIPAA or Chapter 181 Impact	HIPAA Privacy Impact	Chapter 181 Privacy Impact	HIPAA EDI Impact	Non-HIPAA EDI Impact	Business Associate Impact
Disease Control and Prevention (DCP)	Labs	√		√		
DCP	Cardiovascular		√			
DCP	Diabetes		√			
DCP	IDEAS—Infectious Disease		√			
DCP	TB Elimination		√		√	
DCP	Refugee Screening		√			√
DCP	Hansen's		√			√
DCP	EPI Birth Defects		√			√
DCP	EPI Cancer Registry		√			√
DCP	EPI Enviro/Oc		√			
DCP	EPI Injury Surveillance		√			
DCP	EPI Child Lead		√			
DCP	HIV Early Intervention; Clinical/Case Management and Admn. Compliance		√			
DCP	HIV Meds		√			
DCP	HIV Research and Eval		√			
DCP	HIV Surveillance		√			
DCP	Immunizations		√		√	√
Family Health (FH)	Family Planning—Medicaid	√		√		√
FH	Family Planning—Non-Medicaid		√		√	√
FH	THSteps Medical	√		√		√
FH	THSteps Dental	√		√		√
FH	THSteps MCM	√		√		√
FH	PWI Case Management	√		√		√
FH	Audiology/ PACT		√		√	
FH	Women's Health Lab	√		√		√
FH	SDI		√		√	
FH	County Indigent		√			√
FH	Child Wellness—SIDS		√			√
FH	CSHCN		√		√	√
FH	CSHCN Case Management		√		√	
FH	Oral Health Direct Svcs		√			
FH	Oral Health Fee for Svcs		√			
FH	Genetics—El Paso		√	√		√
FH	Newborn Screening		√			√
FH	MTP		√			
FH	Kidney Health		√			√
FH	Adult Hemophilia		√			
FH	Epilepsy		√			
FH	WIC		√			
FH	WIC Provider Relations		√			
FH	WIC EBT		√			
FH	WIC Farmers' Market		√			
FH	FH Automation Planning		√		√	
FH	FH—FMD CSHCN		√			
FH	FH—FMD Dental		√			

Associateship or Office	Programs or Offices With HIPAA or Chapter 181 Impact	HIPAA Privacy Impact	Chapter 181 Privacy Impact	HIPAA EDI Impact	Non-HIPAA EDI Impact	Business Associate Impact
FH	ICES		√		√	√
FH	TWICES		√		√	√
FH	QAMD		√			
FH	RPHA		√			
FH	BCCCP		√		√	√
FH	Women's Special Projects		√			√
Consumer Health Protection (CHP)	EMS Medical Advisory Board		√			
CHP	EMS Standards Team		√			√
CHP	EMS Regulation		√			
CHP	EMS Trauma Systems		√			
CHP	Drugs/Medical Devices		√			√
CHP	Professional Licensing		√			√
CHP	BVS		√			√
CHP	Radiation Control		√			

7. FIT-GAP ANALYSIS

7.1 ELECTRONIC TRANSACTION STANDARDS

Based on surveys, program interviews, and business flow diagrams of TDH programs, specific electronic transactions were identified. The TDH HIPAA Transaction Task Force members completed a preliminary gap analysis and crosswalk for the specific HIPAA electronic transaction standards that were applicable to TDH. The Task Force shared its findings with the Medicaid claims administrator, and is waiting for specifications from the Medicaid claims administrator and HHSC in order to finalize the analysis.

The electronic transaction standards that are applicable to TDH and that TDH must remediate for HIPAA compliance are as follows:

ASC X12 837I Health Care Claim – Institutional
 ASC X12 837P Health Care Claim – Professional
 ASC X12 835 Health Care Claim Payment – Remittance and Status

7.2 LOCAL CODES

HIPAA regulations eliminate all local codes currently used by the states and require (nationwide) transition to national standard codes. A TDH HIPAA Local Code Workgroup was established with representation from TDH programs that are impacted with local code usage. TDH completed a local code template identifying the local codes that impact TDH programs. In Texas, we have identified 4,194 total local codes with 1,978 active codes. The inactive codes will be discontinued.

The TDH HIPAA Local Code Workgroup is working in coordination with NHIC/HHSC workgroups on mapping the local codes to standard codes and analyzing the impact of

converting to the new national codes. The specific areas that will require research per code are as follows:

- * Texas Administrative Code (TAC) changes
- * State Plan amendment(s) changes
- * Medicaid Policy and Procedural changes
- * State Fiscal Budget/Projection changes
- * STAT (Statistical) Bucketing Changes
- * Program Specific Reporting

7.3 PRIVACY

The HIPAA Privacy Officer and OGC developed a general gap analysis for TDH as well as program- or facility-specific gap analysis templates for TDH Medicaid programs; regional offices, sub-offices, and clinics; the Texas Center for Infectious Diseases; Central Labs and Women's Health Lab; the Central Billing System; and programs that are covered by Chapter 181 of the Health and Safety Code. Because of subtle differences in the HIPAA privacy regulations and Chapter 181, each of these programs or facilities has slightly different gaps to address. The privacy gap analysis and compliance templates are available on the HIPAA project's web site on TDH-Online. The general gap analysis for privacy is included as Exhibit 14.7.

8. COMPLIANCE PLANS

8.1 ELECTRONIC TRANSACTION STANDARDS AND LOCAL CODE SETS

TDH has filed an extension request for compliance with the HIPAA electronic transaction standards and local code sets, and is on track for compliance by October 2003, but does have dependencies on the Medicaid claims administrator and HHSC. (See Section 2.6, "Risks.")

The TDH EDI action plan will incorporate the TDH Software Development Life Cycle Process to meet minimum necessary HIPAA compliance through remediation/modifications of the Centralized Billing System (CBS), including the finalization and transition of local codes to standard codes.

CBS modifications are limited to the processing and billing of Medicaid claims to the Medicaid claims administrator for existing providers and claim submitters who currently use CBS:

- ICES/TWICES
- Central Office Lab
- Women's Health Lab
- WIC Immunizations
- Paper Immunizations sent from ImmBill

The following EDI formats will be modified:

- 837I Health Care Claim - Institutional
- 837P Health Care Claim - Professional
- 835 Health Care Payment – Status and Remittance Response

The following are not specific HIPAA EDI standard transactions but are electronic formats received either from the Medicaid claims administrator or interface with systems that must be modified to be HIPAA compliant. These modifications are required due to additional or changing data content requirements and/or conversions from local codes to national codes:

- 27S Claim Response
- CSHCN STAT FTP reports/files
- THSteps STAT FTP reports/files
- Conversion of ICES to TWICES
- Updates to SDI

TDH is currently coordinating with the NHIC/HHSC Review Board and sub-workgroups to ensure all data content changes are identified and modifications are made. TDH will provide outreach and education to programs and Local Health Departments impacted by HIPAA in order to ensure coordination of HIPAA implementation.

8.2 PRIVACY

Table 7. TDH Compliance Actions for the HIPAA Privacy Regulations and the Health and Safety Code, Chapter 181

Actions	HIPAA	Chapter 181	Person(s) or Group(s) Responsible
Provide reasonable safeguards for PHI wherever it exists.	√	√	All employees
Document TDH “designated record sets” and employees with access.	√	√	PO
Develop and implement TDH privacy policies and procedures.	√	√	PO, OGC
Ensure that employees follow TDH privacy policies and procedures.	√	√	PO, managers
Develop new forms or revise existing forms to meet standards for obtaining authorization for the use and disclosure of health information.	√	√	PO, programs
Obtain specific authorization for non-routine uses and disclosures of protected health information.	√	√	All employees
Obtain an individual’s written or oral agreement, or use professional judgment, in disclosing PHI to an individual’s family members or others involved in the individual’s care.	√	√	All employees
Develop TDH Privacy Notices as necessary.	√	√	PO, OGC
Download Privacy Notice from TDH-Online or order from TDH warehouse as needed.	√	√	All employees
Distribute TDH Privacy Notice to each customer who receives direct health care (including case management) from a TDH office, clinic, or hospital.	√		All TDH employees who provide direct health care services
Obtain each direct health care customer’s signed acknowledgement of receipt of the TDH Privacy Notice (including case management customers).	√		All TDH employees who provide direct health care services
Maintain customer’s signed acknowledgement in the client record for at least 6 years.	√		All TDH employees who provide direct health care

Actions	HIPAA	Chapter 181	Person(s) or Group(s) Responsible
Post the TDH Privacy Notice in all direct service locations.	√		All TDH employees who provide direct health care
Post the TDH Privacy Notice on the TDH web site.	√	√	PO, web office
Provide the TDH Privacy Notice to anyone upon request.	√	√	All employees
Develop, test, and implement computer-based training (CBT) on TDH privacy policies and procedures for HIPAA-covered programs, offices, and facilities.	√		PO, HHSC training specialist
Implement privacy CBT for Chapter 181-covered programs.		√	PO, HHSC training specialist
Monitor completion rates for privacy CBT.	√	√	PO, TDH training coordinators
Document employees' completion of privacy CBT.	√	√	PO, TDH training coordinators, TDH Registrar System
Request permission to publish proposed rules relating to the privacy of health information.	√	√	PO, OGC
Request final adoption of rules relating to the privacy of health information.	√	√	PO, OGC
Develop a TDH policy and guidelines for the disclosure of statistical health data to the public.	√	√	DSW, OGC, PO
De-identify statistical health data before disclosure to the public.	√	√	All employees
Develop and implement Data Use Agreements if necessary.	√	√	PO, OGC, programs
Include new privacy requirements in contracts with certain business associates beginning on April 14, 2003, for new contracts and with FY04 for current contracts.	√	√	PO, OGC, GMD, programs
Maintain a record (for at least 6 years) of certain disclosures that do not require authorization, such as disclosures for public health or law enforcement purposes.	√		All HIPAA-covered programs
Maintain written documentation (signed authorization forms, acknowledgement of receipt of privacy notice, etc.) for at least 6 years.	√		All HIPAA-covered programs
Respond to privacy-related requests.	√	√	All employees
Limit uses and disclosures of PHI to the minimum necessary.	√	√	All employees
Apply sanctions to employees who violate TDH privacy policies and procedures.	√		Managers
Do not retaliate against an individual who exercises any right established by the privacy regulations.	√		All employees
Do not require an individual to waive his/her right to file a complaint.	√		All employees
Ensure compliance with the HIPAA privacy regulations by April 14, 2003.	√		PO, managers, all employees
Ensure compliance with the Health and Safety Code, Chapter 181, by September 1, 2003.		√	PO, managers, all employees

9. PRIVACY IMPACT ON DATA

9.1 DISCLOSURES OF STATISTICAL HEALTH DATA TO THE PUBLIC

The HIPAA privacy regulations and Chapter 181 of the Health and Safety Code are concerned with the disclosure of statistical health data. Covered entities are required to de-identify statistical health data before disclosure to the public. The standards for de-identification are very stringent. For example, the standards restrict disclosures of some county-level health information.

Example: If TDH discloses the fact that there was one case of lung cancer in a particular county, and the county has only a few hundred or a few thousand people, there is a significant risk that the individual with lung cancer could be identified. The risk increases if the disclosure also includes information about the individual's age, gender, ethnicity, etc.

9.2 DATA STANDARDS WORKGROUP

The TDH Data Standards Workgroup is developing a HIPAA-compliant agency standard and guidelines for the disclosure of statistical health data to the public. A variety of TDH publications, including "County Fact Sheets," will be affected. Certain types of information requests will also be affected, including inquiries regarding cluster investigations.

9.3 DATA USE AGREEMENTS

While disclosures of statistical health data to the public may be severely restricted, HIPAA and Chapter 181 will continue to allow certain disclosures for purposes of research, public health, or health care operations. For such disclosures, the department may need to implement "Data Use Agreements" with data recipients such as researchers or county health departments.

9.4 FLOW OF DATA INTO TDH

Although HIPAA and Chapter 181 continue to permit disclosures for public health purposes as authorized by law, covered entities such as health care providers may believe that HIPAA is a barrier to reporting. TDH programs that receive data on reportable conditions may need to educate constituents who see HIPAA or Chapter 181 as a barrier.

If TDH programs receive data from sources external to TDH, and the reporting of such data to TDH is not required by law, the programs and TDH face a significant risk of not receiving the data in the future. Programs must carefully evaluate their existing statutes and rules to determine if TDH has the necessary authority to continue to receive all the data it needs. If programs identify gaps in statutes or rules, amendments will be required.

10. PENDING MILESTONES

Milestone	Date
Request permission to publish proposed rules concerning the privacy of health information.	11-21-02
Completion of analysis for HIPAA EDI transactions and code sets specifications and requirements	12-28-02
Request final adoption of rules concerning the privacy of health information.	02-27-03
Implement privacy training for TDH HIPAA-covered programs, offices, and facilities.	03-01-03
Begin testing for HIPAA EDI.	04-01-03
Implement TDH Privacy Policies and Procedures for HIPAA-covered programs.	04-14-03
Compliance deadline for HIPAA privacy regulations.	04-14-03
Implement privacy training for all other TDH employees.	05-01-03
Amend FY04 contracts with business associates.	06-01-03 through 08-31-03
Implement TDH Privacy Policies and Procedures for Chapter 181-covered programs.	09-01-03
Compliance deadline for the Health and Safety Code, Chapter 181.	09-01-03
Implement new contract for Medicaid claims administration.	09-01-03
Compliance deadline for HIPAA EDI.	10-16-03
Deadline for amending contracts with business associates.	04-14-04

11. PENALTIES FOR NON-COMPLIANCE

TDH could incur significant penalties if it fails to comply with the HIPAA regulations by the required compliance dates. The HIPAA regulations identify penalties for non-compliance involving the HIPAA transaction and code set standards that allow for civil penalties to be assessed up to \$25,000 per year for each requirement. This civil fine may be interpreted to apply separately to each data element within each requirement. The Centers for Medicare and Medicaid Services (CMS) will be responsible for enforcing the transaction and code set standards.

Non-compliance with the HIPAA privacy regulations can trigger civil fines of up to \$100 per violation per person (up to \$25,000 maximum). Individuals convicted of wrongfully disclosing protected health information can also face criminal fines of up to \$250,000 and up to ten years in prison. The U.S. Department of Health and Human Services Office for Civil Rights (OCR) is responsible for enforcing the privacy regulations. The enforcement authority for the Health and Safety Code, Chapter 181, is the Texas Attorney General's Office. TDH also has the option of enforcing Chapter 181 through rules for its licensees.

12. SUPPORTING PROCESS PLANS

12.1 PROJECT REVIEWS

At the conclusion of the EDI Assessment Phase with NHIC and HHSC, TDH will walk through the HIPAA Impact Analysis documents with appropriate TDH HIPAA-impacted programs, the TDH Transaction Task Force, and the TDH HIPAA Local Code Workgroup. The purpose of the walk-through will be to:

- Verify the requirements to meet the minimum necessary compliance requirements,
- Ensure that all systems, interfaces, and business processes have been identified,
- Validate the process for remediation/modifications, and
- Make recommendations for improvement.

Ongoing project reviews will be conducted at the pending milestones and periodically during EDI testing during monthly TDH HIPAA Transaction Task Force meetings and Local Code meetings.

12.2 ISSUE MANAGEMENT

For the purposes of this project, an issue refers to any matter that may impede the progress of the project, about which no agreement has been reached. The TDH HIPAA Project Manager and Privacy Officer are responsible for bringing issues forward for resolution. The HHSC HIPAA Project Manager and Privacy Officer will own the central issue log and will assign responsibility for the resolution of issues to the appropriate person(s) or group(s), and will monitor the resolution process. Issue management can be initiated when:

- Additional fact-finding efforts are required to determine the correct course of action,
- There is a lack of consensus on a correct course of action, or
- An issue is blocking progress in other areas.

13. DOCUMENT CONTROL

13.1 ARCHIVES

The project team maintains folders with documentation of each program area's assessment. Examples of documentation included in the program folders are included as Exhibit 14.8. The team also maintains standard project management documentation.

13.2 DOCUMENT STORAGE

This document was created using Microsoft Word. The document is stored at the following filename and path: L:\BAISP\HIPAA\HIPAA Privacy\Compliance Plans\V3 TDH Compliance Plan.doc.

13.3 DOCUMENT OWNER

Mary Jane Berry, TDH HIPAA Project Manager, and John Scott, TDH HIPAA Privacy Officer, are responsible for developing and maintaining this document.

13.4 CHANGE LOG

Version	Date	Description
Draft1	09-17-02	Initial draft. (L:\BAISP\HIPAA\HIPAA Project Documents\TDH HIPAA Compliance Plan\V1 TDH Compliance Plan.doc)
Draft 2	10-08-02	Revised to incorporate privacy requirements and Judy Sandberg's suggestions. (L:\BAISP\HIPAA\HIPAA Project Documents\TDH HIPAA Compliance Plan\V2 TDH Compliance Plan.doc)
Draft 3	10-31-02	Revised to incorporate additional suggestions from Judy Sandberg. (L:\BAISP\HIPAA\HIPAA Project Documents\TDH HIPAA Compliance Plan\V3 TDH Compliance Plan.doc)
Draft 4	11-02-02	Updated to incorporate final revisions. (L:\BAISP\HIPAA\HIPAA Project Documents\TDH HIPAA Compliance Plan\V4 TDH Compliance Plan.doc)

14. EXHIBITS

14.1 COST ESTIMATES

TDH HIPAA Project Cost Estimates For EDI and Privacy²

Description	Activity Description	FY02 Cost Projections				FY03 Cost Projections		
		FY 02 Cost Projections	Required for HIPAA processes		NOT required by HIPAA, benefit (ROI) for TDH processes	FY03 Cost Projections	Required for HIPAA processes	NOT required by HIPAA, benefit (ROI) for TDH processes
			Budgeted	Not Budgeted				
Contract Services								
	2 Consultants for CBS expansion*	\$0						
	2 Consultants for ICES conversion	\$86,150		\$86,150		\$258,450	\$258,450	
TOTAL Contract Services		\$86,150	\$0	\$86,150	\$0	\$258,450	\$258,450	\$0
Software								
	Sybase PaperFree Toolkit	N/A				\$0		
	CBS Clearing-house Software	\$0				\$0		
	TCID upgrading diagnostic software	\$0				\$0		
	South Texas Health Care System (STHCS)	\$0				\$0		
	TCID Hospital Information Systems Upgrade [Note: Estimate is for remediation. Replacement will double costs.]	\$0				\$0		
	Women's Health Lab	\$0				\$0		
TOTAL Software		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Hardware								
	CBS Clearinghouse hardware*					\$0		
	TCID file servers	\$0				\$0		

² These are high-level projections based on the available information for baseline foundation and functionality to achieve EDI/Privacy HIPAA compliance by required due dates. If TCID, STHCS, and WHL continue with business as usual, they will be compliant at zero cost. The cost estimates will be re-evaluated and updated continuously to strive for accurate TDH HIPAA Project costs.

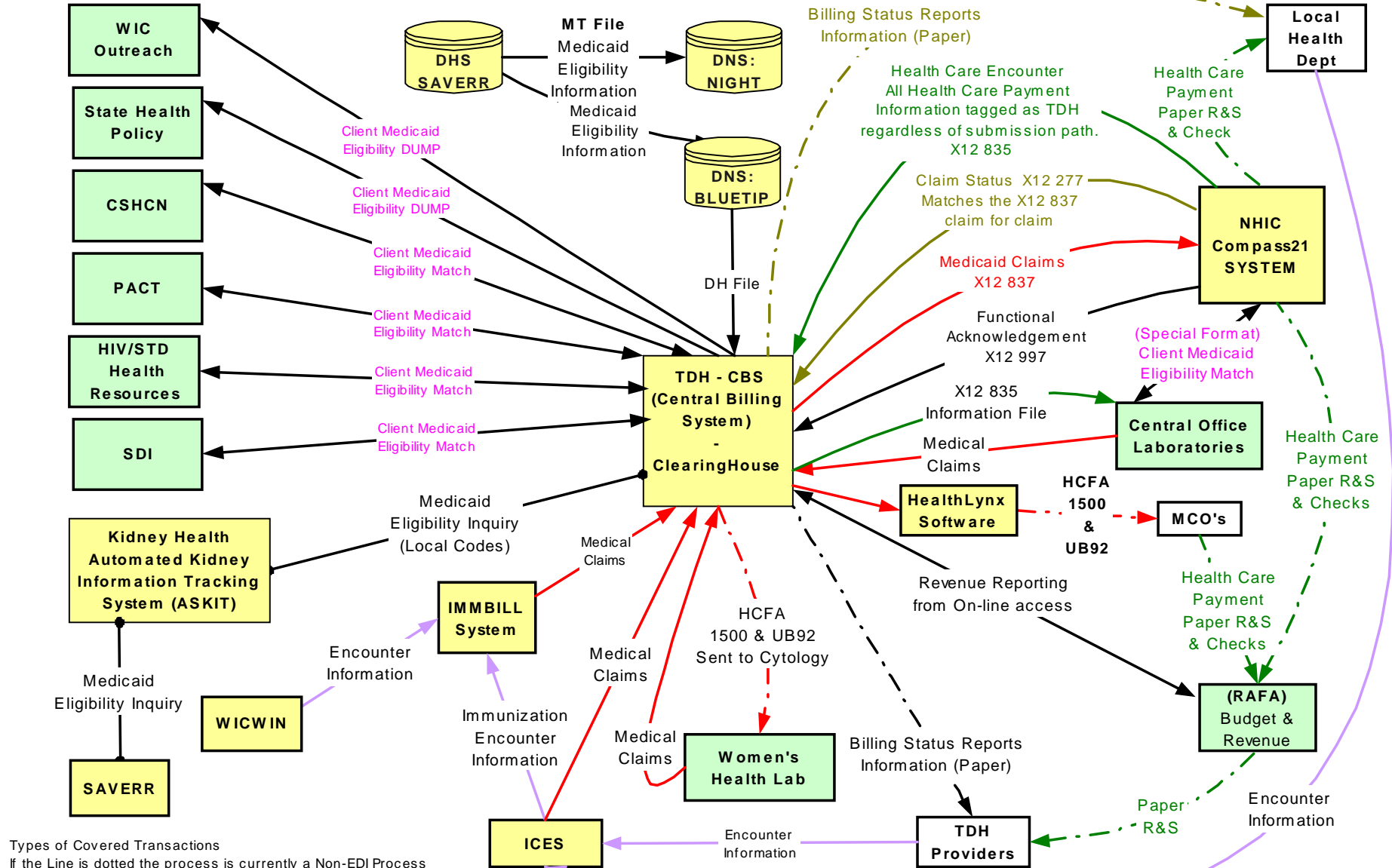
Description	Activity Description	FY02 Cost Projections				FY03 Cost Projections		
		FY 02 Cost Projections	Required for HIPAA processes		NOT required by HIPAA, benefit (ROI) for TDH processes	FY03 Cost Projections	Required for HIPAA processes	NOT required by HIPAA, benefit (ROI) for TDH processes
			Budgeted	Not Budgeted				
	TCID fax machines	\$0				\$0		
	STHCS	\$0				\$0		
	Women's Health Lab	\$0				\$0		
TOTAL Hardware		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Other						\$0		
	TCID annual support fees	\$0				\$0		
	STHCS	\$0				\$0		
	Women's Health Lab	\$0				\$0		
	Travel	\$0				\$0		
TOTAL Other		\$0	\$0	\$0	\$0	\$0	\$0	\$0
Sub Total for Capital Authority		\$86,150	\$0	\$86,150	\$0	\$258,450	\$258,450	\$0
Salaries & Wages								
	Project Manager	\$17,000	\$17,000			\$65,000	\$65,000	
	Privacy Officer	\$15,000	\$15,000			\$60,000	\$60,000	
	Systems Analyst	\$9,000	\$9,000			\$55,000	\$55,000	
	CBS Remediation	\$10,555	\$10,555			\$42,200	\$42,200	
	CBS Medicare	\$11,362	\$11,362			\$45,450	\$45,450	
	CBS Expansion* (2 new FTE's)	\$0	\$0			\$0	\$0	
	Audiology Services (Family Health)	\$3,000	\$3,000			\$0	\$0	
	THSteps Medical (Family Health)	\$14,000	\$14,000			\$0	\$0	
	CSHCN (Family Health)	\$10,000		\$10,000		\$0	\$0	
	ICES Conversion to TWICES (2 new FTE's)	\$37,312		\$37,312		\$111,938	\$111,938	
	TCID Employee Training	\$0				\$0	\$0	
	STHCS	\$0				\$0	\$0	
TOTAL Salaries		\$127,229	\$79,917	\$47,312	\$0	\$379,588	\$379,588	\$0
EDI Totals		\$213,379	\$79,917	\$133,462	\$0	\$638,038	\$638,038	\$0
Privacy Costs		\$0	\$0	\$0	\$0	\$53,600	\$53,600	\$0
Privacy Totals		\$0	\$0	\$0	\$0	\$53,600	\$53,600	\$0
Grand HIPAA Cost Estimates		\$213,379	\$79,917	\$133,462	\$0	\$691,638	\$691,638	\$0

*CBS Expansion – An option to extend the use of CBS as an agency-wide clearinghouse to replace external ones used by STHCS, TCID, and WHL. Cost benefit would allow other TDH programs to use this service and lay foundation for potential “enterprise wide” clearinghouse. Cost benefit analysis in progress.

14.2 DATA FLOW DIAGRAM

See next page.

HIPAA IT Systems Scope - TDH Central Billing System



Types of Covered Transactions
 If the Line is dotted the process is currently a Non-EDI Process
 Health Claims and Equivalent Encounter Information - 837
 Enrollment and Disenrollment in a Health Plan 834
 Eligibility Inquiry/Response for a Health Plan ASC X12N-270 / X12-271
 Health Care Payment/Remittance Advice 835
 Health Plan Premium Payments 820
 Health Claim Status Request-276 / Notification-277
 Referral Certification and Authorization 278
 Coordination of Benefits Institutional 837
 Privacy Related Information

14.3 INTERNAL VERIFICATION DOCUMENT

Program Name:
Program Acronym:
Associateship / Bureau:
Program Manager:
Program IT Subject Matter Expert (SME):
IT/Computer Applications
Database/Application System:
Business Associates and/or Trading Partners
List Groups (not individuals):

<i>TDH Program Category(s):</i>	YES	NO	HIPAA Regulation
Does this program qualify as a Health Care Provider?			
Does this program qualify as a Health Care Plan?			
Does this program qualify as a Health Care Clearinghouse?			
<i>HIPAA Standard EDI Transactions</i>	YES or NO	HIPAA Covered	HIPAA Regulation
270 Eligibility Inquiry			
271 Eligibility Response			
278 Request/Approval of Authorization or Referrals			
837 Billing/Claim (or encounter)			
837 Billing/Claim (or encounter) - Dental			
NCPDP Billing/Claim (encounter) submission for Pharmacy			
276 Claim Status Inquiry			
277 Claim Status Response			
835 Claim Payment			
834 Enrollment			
820 Premium Payment			

I hereby certify that this program area has documented all known transactions and has identified if it is "HIPAA impacted as a covered EDI transaction" as defined in the business diagrams and business process document to the best of our knowledge. I have reviewed the response provided by this program to the HIPAA Transaction Team regarding whether the program is a covered entity under HIPAA. I verify that the responses provided above are correct and accurate to the best of my knowledge and that they are based on analysis of the program's business processes.

Program Director:.....Date:.....

Program Bureau Chief/Division Director:.....Date:.....

Program Attorney:.....Date:.....

TDH HIPAA Project Team:..... Date:.....

TDH HIPAA Project Attorney:..... Date:.....

HHSC HIPAA Project Director:..... Date:.....

14.4 EDI CHANGE AND GAP ANALYSIS FOR 835 FORMAT

Change Number	Explanation
1	The R&S date which was in the DTM02 element of the DTM*359 segment will be in the DTM02 element of the DTM*405 segment.
2	The DTM02 element of the DTM*405 segment is in ccyymmdd format, so the century will be included in the DTM02 element and it won't have to be obtained from another element of the segment.
3	The federal taxpayer ID will be in the REF02 element of the REF*TJ segment rather than the REF02 element of the REF*A6 segment.
4	If the patient account number (the CBS claim number) is not present, the CLP01 element of the CLP segment will be "0" rather than the current "NA".
5	The claim level EOB codes will be obtained from the CAS segment following the CLP segment rather than from the REF*ZZ segment currently used. It will be possible to have 6 claim level EOB codes. We currently only have one available in the REF*ZZ segment.
6	The rendering (performing) provider number can be returned in the NM1*82 segment. It is currently not available.
7	With the 4010 version, the names of other insurance companies can be obtained from the NM103 elements of the NM1*PR segments rather than the PER02 elements of the PER*AI segments. With 4010, the name can be up to 35 characters long. Currently only 10 characters are available for the name in the PER02 element. Also an identification number for the company will be available in the NM109 element.
8	The previous ICN for the claim (also known as mother ICN) will be in the REF02 element of the REF*F8 segment rather than the REF02 element of the REF*D9 segment.
9	The REF*BF segment is not used in the 4010 version, so the diagnosis code will not be available.
10	The REF*ZZ segment is not used in the 4010 version, so the claim EOB codes will be obtained from the CAS segment following the CLP segment. (See change number 5.)
11	The prior authorization number can be obtained from the REF02 element of the REF*G1 segment. It is currently not available.
12	The PER*AI segment will not be used in the 4010, so the other insurance information will be obtained from the NM1*PR segments. (See change number 7.)
13	The date of service will be in the DTM02 element of the DTM*472 segment instead of the DTM03 element of the DTM*150 segment.
14	Up to six detail EOB codes can be obtained from the detail CAS segment (which is after the service date segment). Previously there were only five EOB codes available.
15	The information in the PLB03 element of the PLB segment will be separated into sub-elements by a separator, rather than concatenated together.

Gap Number	Explanation
1	The REF*DD segment where we currently get the R&S number is not used in the 4010 version, so another segment will have to be used for this data. Perhaps the ST02 element in the ST segment can be used for the R&S number.

14.5 EDI CHANGE AND GAP ANALYSIS FOR 837P AND 837I FORMATS

Change Number	Explanation
1	Element ISA12 - version changed to "00401".
2	Element GS04 - century added to date.
3	Element GS08 - version changed to "004010098".
4	Segment BGN no longer used. Replaced by BHT segment.
5	Segment PRV no longer used. Replaced by NM1*41 segment.
6	Segment BHT (beginning hierarchical transaction) added.
7	Segment REF*87 (transmission type) added.
8	Segment NM1*41 (submitter name) added.
9	Segment PER*IC (submitter EDI contact) added.
10	Segment NM1*40 (receiver name) added.
11	Segment HL (provider counter) added.
12	Element NM103 - provider name added.
13	Element NM108 - changed to hard-coded "XX" if NPI used
14	Segment N3 (provider address) added
15	Segment N4 (provider city/state/zip) added
16	Segment REF*1C (Medicare provider number) added
17	Segment REF*BT no longer used (was redundant).
18	Segment REF*TJ (provider tax id) no longer used.
19	Segment HL (subscriber hierarchical level) added.
20	Element SBR02 changed from no value to "18".
21	Element SBR09 changed from no value to "MC", "MB", or "HM".
22	Segment NM1*IL (subscriber name) added. (Used instead of patient name.)
23	Segment N3 (subscriber address added). (Used instead of patient address.)
24	Segment N4 (subscriber city/state/zip) added. (Used instead of patient city/state/zip)
25	Segment DMG (subscriber demographics) added. (Used instead of patient demographics.)
26	Segment NM1*PR (payer) added.
27	Segment PAT*18 (patient information) no longer used.
28	Segment NM1*QC (patient name) no longer used. Replaced by NM1*IL.
29	Segment N4 (patient city/state/zip) no longer used.
30	Segment DMG (patient demographics) no longer used.
31	Element REF01*EA (medical record number) moved from patient to claim area.
32	Element CLM01 changed from Medicaid number to claim number
33	Element CLM02 changed from no value to claim total amount billed
34	Element CLM03 changed from "MC" to no value.
35	Element CLM04 changed from "MD" to no value.
36	Sub-element CLM05-1 changed from no value for professional claims to place of service.
37	Sub-element CLM05-3 changed from no value to "1" for professional claims.
38	Element CLM06 changed from no value to "Y".
39	Element CLM08 changed from no value to "Y".
40	Element CLM09 changed from no value to "O".
41	Element CLM10 changed from no value to "P" or "B" for professional claims.
42	Element CLM12 changed from no value to "01" if EPSDT claim.
43	Element CLM19 changed from "00" or "27" to no value.
44	Segment DTP*434 (statement date) added for Institutional claims.
45	Element AMT01 of Segment AMT (co-pay amount) changed from "NG" to "F5"
46	Segment AMT*PB (total amount billed) no longer used.
47	Segment REF*X4 (lab CLIA number) added.
48	Segment REF*EA (medical record number) moved from patient to claim area.
49	Segment REF*2H (number of details) no longer used.
50	Segment NTE*ZZZ (provider where lab specimen sent) no longer used. (Replaced by NM1*TL segment.)
51	Sub-element HI01-1 changed from "BJ" to "BK".
52	Sub-element HI01-2 changed from "000000" to Clm_Detail.diag_code and other diagnosis codes move up one element.

53 Sub-element HI02-1 changed from “BK” to “BF” for professional claims and “ZZ” for institutional
claims.

54 For segment HI (diagnosis codes) only two diagnosis codes will be allowed for Institutional claims
(in HI01 and HI02).

55 Elements NM108 and NM109 of segment NM1*DN (referring provider) no longer used. Physician
license number will be in REF (referring provider secondary identification).

56 Segment REF (referring provider secondary identification) added.

57 Segment NM1*FA (provider where lab specimen sent) no longer used. (Replaced by NM1*TL
segment.)

58 Segment SV1 not used for Institutional claims

59 Sub-elements SV107-2, SV107-3, and SV107-4 of segment SV1(Service) changed from no value to
pointers for diagnosis codes.

60 Element SV111 changed from no value to “Y” if EPSDT claim.

61 Element SV112 changed from no value to “Y” if Family Planning claim.

62 Element SV115 changed from no value to “0” if co-pay exempt.

63 Segment SV2 used for Institutional claims instead of SV1.

64 Element DTP01 of segment DTP (first service date) changed from “150” to “472”.

65 Segment DTP*151 (second service date) no longer used.

66 Segment K3 (place of service) no longer used. (Replaced by CLM05-1)

67 Element NM108 of segment NM1*82 (rendering [performing] provider) changed from “MC” to
“XX” if NPI or “0B” if not NPI.

68 Segment NM1*TL (service provider name where lab specimen sent) added.

69 Segment N3 (address for service provider above) added.

70 Segment N4 (city, state, and zip for service provider above) added.

71 Segment REF*1D (physician number for service provider above) added.

Gap Number	Explanation
1	We currently do not submit the payer name and do not have a payer identification code in the CBS database, so this will have to be added.
2	The element where we were putting the patient county of residence for Family Planning claims is supposed to be used for the country code, so another place will have to be found for the county code (perhaps at the end of the NTE*ADD segment).
3	The CLIA number appears to be required for lab claims. The CLIA numbers for the labs are not in the CBS database. If the CLIA number is actually required, we could add a field to the CBS Provider table that would hold the CLIA number for each lab.
4	The referring provider name appears to be required for claims that need a referring provider number. It is not currently required, so the referring provider name is not on the format for claims submitted to CBS and it is not in the CBS database. If the referring provider name is actually required, it could present a big problem. It may be possible for us to submit “Not available” for the name. If not, the field would have to be added to the CBS claim format and the CBS database. It would also have to be data entered by the person creating the claim. There are currently 1817 different referring provider numbers in CBS.
5	The rendering [performing] provider name appears to be required for claims that need a rendering provider number. It is not currently required, so the rendering provider name is not on the format for claims submitted to CBS and it is not in the CBS database. If the rendering provider name is actually required, it could present a big problem. It may be possible for us to submit “Not available” for the name. If not, the field would have to be added to the CBS claim format and the CBS database. It would also have to be data entered by the person creating the claim. There are currently 185 different rendering provider numbers in CBS.
6	The service provider name and address appears to be required for claims that need a service provider number. They are not currently required, so the service provider name and address are not on the format for claims submitted to CBS and are not in the CBS database. The service provider number is used by Medicaid to indicate the lab where the family planning provider sent a lab specimen. There are currently about 30 different service provider numbers in the CBS database. If the service provider name and address are actually required, these service provider numbers, names, and addresses will have to be added to the CBS database and code will have to be added to the family planning billing program to retrieve this information.

14.6 EDI LOCAL CODES GAP ANALYSIS

Total local procedure codes on file: 4,194

- 1,978 active codes
- 2,216 discontinued codes

Note: The local procedure codes on file that have already been discontinued (2,216) will not be reviewed for impact or mapped to national codes.

The 1,978 active local procedure codes were reviewed to identify how each code could be mapped to a national procedure code. To facilitate review of the mappings, the local codes were divided into the following program areas.

Category	Program Area	Number of Local Codes	Program Area	Number of Local Codes
GENERAL	Ambulance	56	Maternity	9
	Anesthesia	5	Medicine	4
	Birthing Center	3	Misc. Supplies	6
	Blood Products	6	Outpatient Facility	22
	Consultation	1	Podiatry	4
	Diabetes Pilot	21	Radiology	62
	Drug	90	Renal Dialysis Center	8
	Family Planning	36	Rural Health Center	2
	FQHC	1	Surgery	46
	Genetics	181	Surgery-ASC/HASC	18
	Hearing Aid	9	TB Clinic	24
	Indian Health	3	Vision	56
	Laboratory	13		
THSTEPS/CSHCN/ HOME HEALTH	CRCP	2	Mobility Aids	17
	CSHCN	142	Nutritional Supplies	194
	DME/Orth/Prosth/Supp	195	Respiratory Equipment	66
	Dressings	29	Therapy	4
	Home Health	5	THSteps CCP	89
	Hyperalimentation	1	THSteps Dental	97
	Incontinence Supplies	26	THSteps Medical	87
CASE MGT/ PSYCH	CPS-TCADA	2	PWI	4
	ECI	1	SHARS	10
	LMFT	3	State Hospital Physicians	6
	LMSW-ACP/LPC	3	TCB-BVIC	1
	MHMR	13	THSteps MCM	3
OTHER	Behavioral Health MCO	33	ICD-9-CM Volume 3	2
	Crossover	24	HMO Value Added Svc	130
	FMT Temp Unlisted	35	Medical Transportation	48
	Global Surgery Unlisted	11	Vision CT 24	1
	HMO Copay	8		

After the initial mapping attempt, subject matter experts from affected Operations areas reviewed the proposed mappings for the local codes and either approved them or suggested appropriate revisions. The proposed mappings were then reviewed in detail with State Agency representatives over a series of meetings. These meetings included representatives from the following State Agency departments:

HHSC Benefits

HHSC Fiscal

HHSC HIPAA Project Management

HHSC Medicaid/CHIP Quality

HHSC Medical Appeals

HHSC Medical Director

HHSC MPI/OIE

HHSC OIE-CMR

HHSC Rate Setting

ECI

TDH Bureau of Laboratories

TDH CSHCN

TDH Family Planning

TDH Genetics

TDH HIPAA Project Office

TDH Immunizations

TDH MCM and TCM/PWI

TDH Steps - Medical and Dental

TDMHMR

Total local procedure codes on file: 4,194

- 1,978 active codes
- 2,216 discontinued codes

Note: The local procedure codes on file that have already been discontinued (2,216) will not be reviewed for impact or mapped to national codes.

The 1,978 active local codes fall into the following types of gap, based upon preliminary review.

Gap Approach	Estimated Number of Codes
1. Discontinue (end date) local code – national code already in use	An estimated 13% of active local codes (257 codes)
2. Discontinue (end date) local code – code no longer necessary	An estimated 5% of active local codes (104 codes)
3. Discontinue (end date) local code – adopt national code and develop policy	An estimated 49% of active local codes (975 codes)
4. Discontinue (end date) local code – no national equivalent other than unlisted code (manual review)	An estimated 11% of active local codes (210 codes)
5. Discontinue (end date) local code – address processing considerations	An estimated 14% of active local codes (284 codes)
6. Crosswalk national code to local code for claims processing	An estimated 5% of active local codes (101 codes)
7. Discontinue (end date) local code – no HCPCS equivalent, but maps to NUBC revenue code	An estimated 2% of active local codes (31 codes)
8. Evaluate for Atypical service status and continue use of local code	An estimated 1% of active local codes (16 codes)

The SU1R950A, SU2R950A, and SU4R950A reports were extracted to determine the billing frequency for the 1,978 active local codes over a six-month period. These reports showed the following:

6 Mos. Billed Services	6 Mos. Paid Services	6 Mos. Billed Dollars	6 Mos. Paid Dollars
60,248,000	49,639,000	\$886,335,000	\$358,788,000

The 1,978 active local codes are estimated to fall into the following utilization patterns, based upon preliminary review (rounded to nearest thousand):

Gap Approach	Ave Monthly Billed Services	Ave Monthly Paid Services	Ave Monthly Billed Dollars	Ave Monthly Paid Dollars
1. Discontinue (end date) local code - national code already in use	372,000	300,000	\$12,454,000	\$8,859,000
2. Discontinue (end date) local code – code no longer necessary	52,000	<1,000	\$73,000	\$1,000
3. Discontinue (end date) local code – adopt national code	7,960,000	7,095,000	\$44,631,000	\$26,415,000
4. Discontinue (end date) local code – no national equivalent other than unlisted code (manual review)	172,000	138,000	\$1,218,000	\$736,000
5. Discontinue (end date) local code – address processing issues	484,000	23,000	\$27,526,000	\$277,000
6. Crosswalk national code to local code for claims processing	419,000	295,000	\$20,952,000	\$10,217,000
7. Discontinue (end date) local code – no HCPCS equivalent, but maps to NUBC revenue code	523,000	422,000	\$40,826,000	\$13,288,000
8. Evaluate for Atypical service status and continue use of local code	59,000	<1,000	\$43,000	\$5,000

14.7 PRIVACY GAP ANALYSIS TEMPLATE

HIPAA/Chapter 181 Compliance Requirements [citations from 45 C.F.R. Part 164]	Chapter 181	Current Practice	Gap	Compliance Strategies
Establish <u>agency rules</u> to govern internal disclosures among TDH programs § 164.504(e)(3)(i)(B)	√	Information is shared among programs as needed	TDH rules on internal disclosures of protected health information do not exist	<ul style="list-style-type: none"> • TDH Privacy Officer and OGC will propose rules to the Board of Health
Obtain specific <u>authorization</u> for uses and disclosures related to marketing, fundraising, or research § 164.508	√	TDH does not disclose protected health information for marketing or fundraising purposes. TDH obtains permission as necessary before disclosures for research.	No gap	<ul style="list-style-type: none"> • Revise existing forms or create new form • Maintain copy of form in client record
Limit uses and disclosures to <u>minimum necessary</u> § 164.502(b) § 164.514(d)	√	Uses and disclosures are generally limited to minimum necessary. Access is generally limited to staff who need access for jobs.	TDH Administrative Policy Manual does not specify that uses and disclosures should be limited to the minimum necessary.	<ul style="list-style-type: none"> • TDH Privacy Officer and OGC will develop TDH privacy policies and procedures • Follow TDH privacy policies and procedures when implemented
Amend contracts with <u>Business Associates</u> (amendments required by April 2004) § 164.502(e) § 164.504(e)	√	Contracts are renewed periodically	Existing contracts lack required language	<ul style="list-style-type: none"> • Identify true business associates by responding to TDH Privacy Survey #2 • Include HIPAA business associate provisions in certain new contracts beginning April 14, 2003 • Amend existing contracts with true business associates during FY04 contract cycle
Provide <u>opportunity to agree or object</u> to disclosures to facility directories or family members § 164.510	√	TDH staff obtain the individual's written or oral agreement, or use professional judgment in disclosing protected health information to an individual's family members or others involved in the individual's care	TCID's existing form(s) may lack required language.	<ul style="list-style-type: none"> • Follow TDH privacy policies and procedures • TCID will revise existing forms to allow people to opt out of being listed in facility directory
De-identify statistical data before disclosure to the public § 164.514(a)	√	Health data may be reported by geographic region such as county or public health region	Statistical health data by geographic region must meet HIPAA standards for de-identification.	<ul style="list-style-type: none"> • Follow TDH policy for release of statistical health data to the public

HIPAA/Chapter 181 Compliance Requirements [citations from 45 C.F.R. Part 164]	Chapter 181	Current Practice	Gap	Compliance Strategies
Provide <u>HIPAA/Chapter 181 Privacy Notice</u> upon request §164.520 §164.514(e) §164.530(i)(4)	√	HIPAA/Chapter 181 Privacy Notice is not currently provided	HIPAA/Chapter 181 Privacy Notice has not been developed or disseminated	<ul style="list-style-type: none"> When notice is available, order or download form from TDH-Online as needed, and distribute upon request
Provide <u>HIPAA Privacy Notice</u> to each direct health care client at first office visit or other face-to-face contact after April 14, 2003, and <u>obtain client's signed acknowledgement</u> of receipt of the notice. <u>Maintain signed acknowledgement</u> (in medical record or other location) for at least 6 years. §164.520 §164.514(e) §164.530(i)(4)		HIPAA Privacy Notice is not currently provided	HIPAA Privacy Notice has not been developed or disseminated	<ul style="list-style-type: none"> When notice is available, order or download form from TDH-Online as needed, and distribute upon request Revise an existing client form so that the client's signature acknowledges receipt of the Privacy Notice, and maintain record of acknowledgement for at least 6 years

HIPAA/Chapter 181 Compliance Requirements [citations from 45 C.F.R. Part 164]	Chapter 181	Current Practice	Gap	Compliance Strategies
Receive and respond to <u>requests and complaints</u> § 164.522(a) § 164.522(b) § 164.524 § 164.526 § 164.528 § 164.530(c)	√	Staff follow procedures for Public Information (Open Records) Requests	HIPAA privacy policies, procedures, and forms do not exist	<ul style="list-style-type: none"> Follow TDH privacy policies and procedures when implemented Coordinate with program's Public Information (Open Records) Coordinator Refer questions to Privacy Officer or program attorney
Maintain an <u>accounting</u> of certain disclosures for at least 6 years, and <u>provide a list</u> of these disclosures upon an individual's request ³ § 164.528		<ul style="list-style-type: none"> TDH providers (regions, clinics, STHCS, TCID, and labs) document disclosures (such as disclosures to public health registries) in the medical record, which must be maintained for at least 7 years under the Medical Practice Act. CBS makes periodic, routine disclosures that do not require individualized tracking. TDH Medicaid programs rarely make the types of disclosures that must be tracked. Records are kept when such disclosures are made. 	No gap	<ul style="list-style-type: none"> Maintain existing systems and processes Follow TDH privacy policies and procedures when implemented
Appoint a <u>Privacy Officer</u> § 164.530(a)		Programs and regional offices have Public Information Coordinators; TDH has a Privacy Officer.	No gap	<ul style="list-style-type: none"> Privacy Officer was hired in January 2002.

³ Disclosures that must be accounted for include disclosures that are required by law; are made pursuant to public health activities or oversight; involve the reporting of communicable diseases; involve the reporting of adverse drug events; are to certain registries (trauma, cancer, birth defects, etc.) as required by law; involve the reporting of abuse, neglect, or domestic violence; are made pursuant to judicial or administrative proceeding, including subpoena; are made for law enforcement activities, excluding custodial situations; are made to a coroner/medical examiner or funeral home director; are made to avert serious threats to health or safety.

HIPAA/Chapter 181 Compliance Requirements [citations from 45 C.F.R. Part 164]	Chapter 181	Current Practice	Gap	Compliance Strategies
Provide <u>training</u> for employees §164.530(b)		Employees receive training as necessary	Workforce has not been trained on HIPAA privacy requirements	<ul style="list-style-type: none"> • TDH Privacy Officer and Human Resources Development Division will develop a web-based training module for TDH employees • Training coordinators will ensure that employees complete web-based training and other training as necessary
Provide reasonable <u>safeguards</u> for PHI §164.530(c)		PHI is safeguarded through physical access controls and policies/procedures	Existing systems may need improvements	<ul style="list-style-type: none"> • Ensure that existing policies and procedures are effective and enforced
Apply <u>sanctions</u> to employees who violate policies §164.530(e)		Procedures are in place for sanctions	No gap	<ul style="list-style-type: none"> • Maintain existing systems and processes
<u>Do not retaliate</u> against an individual who exercises any right established by the privacy rule §164.530(g)		N/A	N/A	<ul style="list-style-type: none"> • Follow TDH privacy policies and procedures
<u>Do not require individual to waive</u> his/her right to file a complaint §164.530(h)		N/A	N/A	<ul style="list-style-type: none"> • Follow TDH privacy policies and procedures
Implement privacy <u>policies and procedures</u> , and update as necessary §164.530(i)(1)-(2)		Employees follow existing policies and procedures	TDH privacy policies and procedures need to be developed and approved	<ul style="list-style-type: none"> • Implement TDH policies and procedures when approved
Create and retain <u>documentation</u> , and maintain for at least 6 years (HIPAA) or according to standard retention schedules (Chapter 181) §164.530(j)		Documentation is maintained according to current retention schedules	Current documentation and retention policies may need revision	<ul style="list-style-type: none"> • Integrate HIPAA documentation into existing records • Maintain as required for at least 6 years for HIPAA-covered programs
Ensure compliance by <u>April 14, 2003</u> §164.534		Plans for compliance are in progress	Changes have not yet been implemented	<ul style="list-style-type: none"> • Implement TDH policies and procedures when approved
Ensure compliance by <u>September 1, 2003</u>	√	Plans for compliance are in progress	Changes have not yet been implemented	<ul style="list-style-type: none"> • Implement TDH policies and procedures when approved

14.8 PROJECT DOCUMENTATION FOLDERS

Project documentation folders for each program are archived in the Bureau of Agency Information Systems Projects. Folders include the following items as applicable:

- Overview
- Business Flow Diagram
- Description of program's relationship with regional offices
- List of potential business associates
- Texas Administrative Code (TAC) rules
- Example of program's claims or vouchers
- Example of program's electronic claim file
- List of program's procedure codes
- Business Process Summary
- Internal Verification Document